



Government of the Virgin Islands
Sakal Place, First Floor
#286 Walter James Francis Drive
Road Town, TORTOLA VG1110
BRITISH VIRGIN ISLANDS

CIVIL REGISTRY & PASSPORT OFFICE CREDIT CARD AUTHORIZATION FORM

Credit Card Information	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Debit Card
Cardholder's Name (as shown on card):	_____
Card Number:	_____ Expiration Date (MM/YY): ____/____
Billing Address:	_____
	City: _____ State: _____ Zip: _____
Phone Number:	(____) - _____ Email Address: _____
Service Information	
Invoice/Priority Number:	_____
Service Requested:	_____
Declaration	
I _____, hereby authorize the Civil Registry & Passport Office to charge my credit card indicated above, for the amount of \$ _____ (USD).	
Signature: _____	Date: _____

SUPPORTING DOCUMENTS

You are required to submit the following supporting documents along with the completed authorization:

- Coloured copy of the data and signature page(s) of your passport (must be valid)
- Coloured copy of both sides of your credit card

NOTE: Your name and signature on your ID must match the name and signature on your credit card, in order to process payment. You may email the completed authorization and supporting documents to infocris@gov.vg